social relations which assume importance in connection with this problem and the means of turning them to advantage when possible, such as utilizing mild out-of-door activities where indicated and returning the healed tuberculous to their own previous occupations under conditions of lessened strain.

VII. The Problem of the Crippled.

Sir William Osler has contributed two pages to a bird's eye view of this question and calls attention to the fact that whereas the term "orthopedic" was originally confined to the familiar narrow meaning, it has now grown to include relief for deformities and disabilities of all kinds. Dr. Osler remarks:

> "All of us really needed this art—some in minds, others in bodies, many in both! In a sense, education is a department of orthopedics. This branch of surgery has grown in a remarkable way within the past twenty-five years. There are general surgeons I know who do good orthopedic work, but the new orthopedics is more than surgery. The orthopedic surgeon is a teacher, a personal teacher, and in two directions—of the patient's mind quite as much as of his muscles and joints."

In conclusion he says in the last paragraph:

> "And there is another side to this problem. Plato tells of a friend whose ill-health had kept him out of the hurly-burly of public life to the great benefit of his mind. This 'bridle of the ages,' as he calls it, may have a real value. A physical burden bravely borne makes a strong man, whose moral force in a community is worth a score of mere men-machines." R. P.

War Nephritis.—Sundell and Nankivell (*Lancet*, September 15, 1917) come to the tentative conclusion that war nephritis may be attributed to some error in metabolism due to dietary insufficiency. The report is based on 250 clinical cases. Laboratory tests were made on the urine of the last 50 of these. In the 250 cases there were 7 deaths. Postmortem examinations were made, but owing to the absence of laboratory facilities in only 1 case was microscopic investigation possible. There are all gradations of severity of the disease, ranging from the slight attack with little or no edema to the typical and fatal case. In every typical case are seen edema, dyspnea, and headache. The edema always affects the face, and, in addition, in order of frequency, feet, hands, lumbar region, scrotum, and abdominal wall. Other symptoms often met with, but not invariable, are backache, limb pains, slight pyrexia, and scanty micturition. Some degree of respiratory distress is constant. Most of the patients describe the onset as quite sudden; the man may parade in full marching order without discomfort and fall out a few minutes later, quite unable to march after the column has gone a few hundred yards. Many of the men, however, when closely questioned, state that they had noticed gradually increasing shortness of breath for two or three days before the dramatic attack. In a large proportion of cases the dyspnea precedes the appearance of facial edema by several days. At the beginning, oliguria, or suppression of the urine, is the rule, followed after a few days frequently by polyuria. Albuminuria is constant at first, but may be remarkably transient. Blood in the urine could be detected with the naked eye in a little less than half the cases. The only two serious complications are bronchitis and uremia. The presence of the former has a very adverse influence upon the prognosis. Uremia is seen in about 8 per cent. of the cases. Its onset is usually early, and indeed it may be the first manifestation. The common manifestations of uremia are torpor, severe headache, nausea, vomiting, and convulsions. The convulsions occur with very little warning, and are very violent. These convulsions, if not immediately fatal, were found to be apparently of good prognosis, inasmuch as several patients made a rapid and almost complete recovery after having had severe convulsions. In the examination of the urines it was found that all cases of war nephritis showed casts, most commonly of the hyaline and granular varieties. Also, all cases showed the presence of degenerate endothelial cells. The authors regard the presence of the casts and the endothelial cells as sufficient microscopic evidence on which to diagnose this form of nephritis. The endothelial cells were found to persist in the urine after the casts have disappeared, when the patient was apparently well; 36 out of 50 cases showed red blood corpuscles in the urine, but the amount of blood did not appear to indicate the severity of the attack; 22 had albuminuria. At autopsy gross examination of the kidneys showed very little departure from the normal. Microscopic examination of the kidneys from one case showed the nephritis to be focal and not diffuse, healthy areas and diseased areas intermingled. In the latter both tubules and glomeruli were affected. Various hypotheses have been advanced as to the cause of the condition, such as damp, cold, and exposure, or fatigue from forced marches. These and others are detailed, but the authors consider that the number of causes suggested shows that the real cause is probably still unknown. However, the fact that officers and the Indian troops were comparatively immune seems significant to them. These both had a certain amount of fresh food which the other soldiers did not. The officers supplemented their canned rations by buying fresh food, while the Indian troops received fresh meat newly killed and fresh milk, not the tinned variety. The other soldiers lived practically on canned or frozen meat and condensed milk. To this diet the authors are inclined to place the cause of the war nephritis.

Trench Fever Associated with the Presence of a Hemogregarina.—Dimond (*Lancet*, September 8, 1917) announces the discovery of the presence of a small hemogregarina in the venous blood and in blood from liver, spleen, and lung punctures of a series of 12 cases of trench fever, and has further confirmed the finding in a number of cases which he has seen more recently. Study of capillary blood failed to give uniform results, so that venous blood had to be used. The organisms were found in but small numbers, even when the blood was examined upon the day or two preceding the febrile stages of the disease. The methods are given of showing up the organism and of studying its movements on the warm stage. The action of trypan red and allied substances upon the organism was watched under the microscope. In certain dilutions of trypan red there appears to be a definite slowing and even cessation of the characteristic movements